

FILED DEC 4 1948

Registration District No. 174

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5562

State File No. 36325

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural, Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 mile west of Ironton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years years, months or days

3. (a) PRINT FULL NAME James Harrison Calvert

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy Jane Calvert 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased November 4 1857
(Month) (Day) (Year)

8. AGE: Years 91 Months 0 Days 21 If less than one day
hr. min.

9. Birthplace Ringold County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation retired, minister

11. Industry or business

12. Name James Calvert

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Clarenda Hatridge

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lloyd Hawkins

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 11-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address 25 W. 1st Ironton Missouri

19. (a) 11-30-48 (b) Amos
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile west of Ironton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 25
year 1948 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 9-14
1948 to 11-26 1948
that I last saw him alive on 11-24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Arterio Sclerosis

Due to _____

Other conditions Emphysema
(Include pregnancy within 3 months of death) obliterans

Major findings:
Of operations _____

Of autopsy 93P

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

Means of injury _____

23. Signature Amos (M. D. or other) 0

Address Ironton Mo. Date signed 11-24-48

RECEIVED

Death Officer No. 4

Distinct File Number 1248-149

Date Filed 12-3-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Russell J. White

Licensed Embalmer No. 3012

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.